

**Home Health Agency
Provider Type 34
[907 KAR 1:030](#)**

Information about the program:

- Provider must contact OIG for survey.
- Provider must obtain a Certificate of Need.
- Out-of-state providers may perform services, but must be licensed by Kentucky or the state where services are physically provided.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.

Information to be submitted by the provider for application processing:

- [Map-811\(Enrollment\)](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- Home Health Agency license (current and reflecting requested enrollment date)
- Medicare Letter
- CLIA certificate (if lab present)
- Out-of-state must submit their Medicaid enrollment requirements for their home state, plus proof of dates of service for the recipient.
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- [NPI and Taxonomy Code Verification](#)
- Application Fee- per [42 CFR 455.460](#) - Please make check payable to KY State Treasurer and submit with application. The current application fee is \$553.00. If you have already paid an application fee to Medicare or another state's Medicaid agency, please provide proof of payment.

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40601
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602